

The logo for Premier Senior Health Plan. It features a stylized starburst or leaf-like graphic on the left, composed of three main sections: a blue section with diagonal lines, a green section with diagonal lines, and a yellow section with diagonal lines. To the right of this graphic, the text "Premier Senior Health Plan" is written in a blue, serif font. The text "Premier Senior" is on the top line, and "Health Plan" is on the bottom line, with a registered trademark symbol (®) to the right of "Plan".

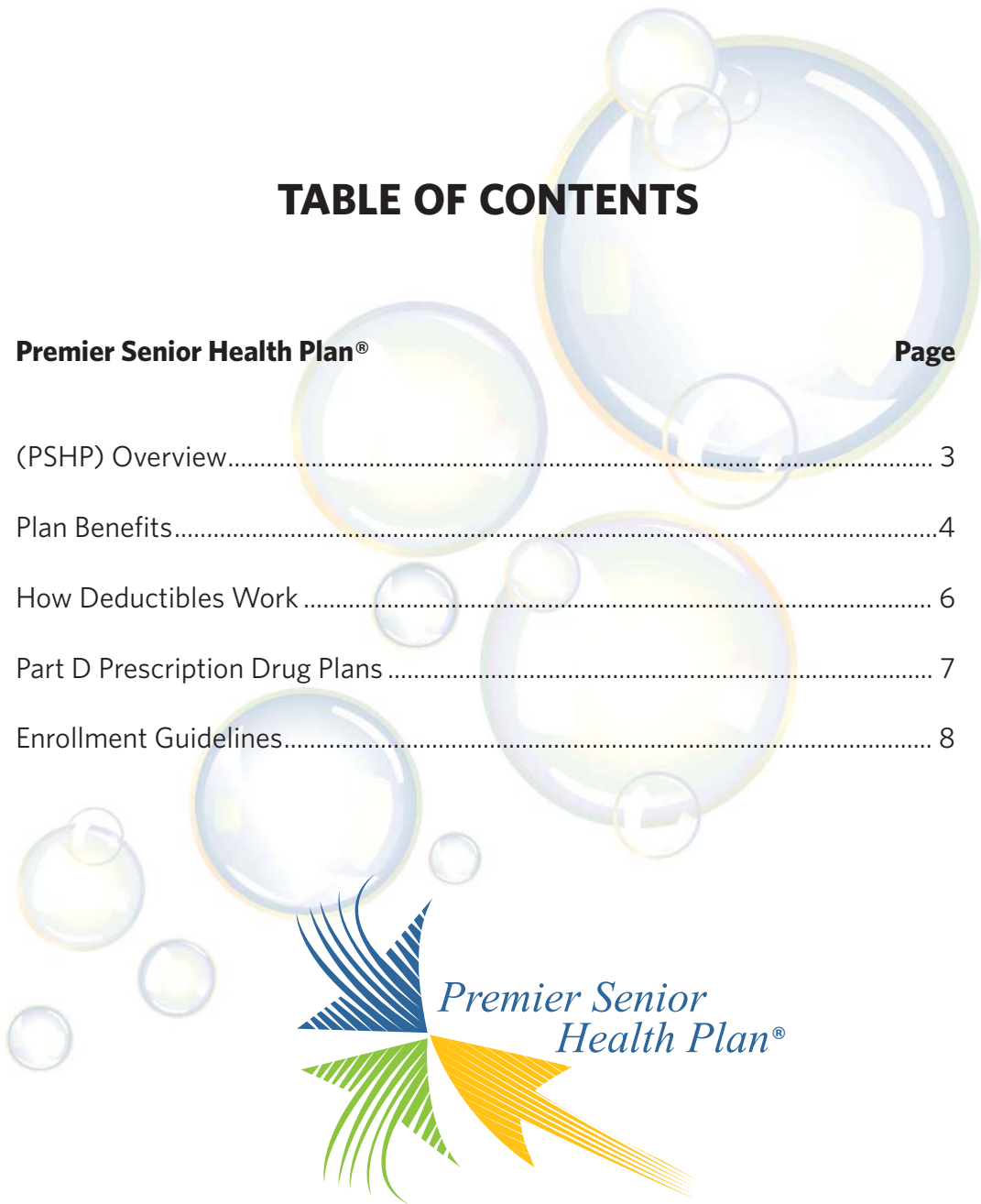
*Premier Senior  
Health Plan®*





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Premier Senior Health Plan®, administered by BASI\* located in Simsbury, Connecticut and marketed by HIS\* located in Mequon, Wisconsin, enables agents to offer a program that effectively deals with the healthcare and Rx needs of their senior clients.

For more information regarding Premier Senior Health Plan®, please contact us at 262-241-2522, toll free at 855-344-7747, or email at [info@pshp.net](mailto:info@pshp.net)  
Please visit our website: [www.pshp.net](http://www.pshp.net)

\* BASI - Benistar Administrative Services Inc., Simsbury, Connecticut  
\* HIS - Health Insurance Services, Inc., Mequon, Wisconsin



## Premier Senior Health Plan® (PSHP): a Win-Win

Premier Senior Health Plan® (PSHP) offers a unique suite of Senior Medical and Rx plans to insurance agents nationwide.

These plans are geared toward groups with members over age 65 enrolled in Medicare Parts A and B and include several senior medical and Rx plan designs that fit the member needs of any size group.

We work exclusively with high quality insurance carriers so you can offer your clients the highest quality insurance products available.

### **Advantages to employers offering PSHP versus Individuals purchasing a Medicare Supplement or a Medicare Advantage Plan**

- Members' premium contributions can be made through a payroll reduction with pre-tax dollars utilizing IRC Section 125. Both employer and members can realize significant tax dollar savings.
- Employer that pays for PSHP on behalf of their members will receive the same tax benefits as with other employer-paid qualified Employee Benefit plans.
- PSHP is portable. Should an employer decide not to continue involvement in the premium paying process, members can be billed at home at the same cost.
- PSHP enables the employer to include some of the most comprehensive Part D Rx plans in the marketplace. Those plans could include coverage for Generic, Preferred and Non-Preferred medications in the Coverage Gap.
- Open Enrollment each year allows the Plan Sponsor to reduce and/or increase benefits on behalf of its members with no underwriting.
- PSHP is guaranteed issue with no pre-existing condition restrictions. No health statements are required for enrollment at any time during the year.
- Members are able to see any physician or self-refer to any specialist that accepts Medicare.
- All PSHP Plan options include coverage for allowable Medicare Part B excess charges.

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United American Insurance Company**



**MEDICARE PART A - 2014**

	Medicare Pays	Plan Pays	You Pay
<p><b>HOSPITALIZATION</b> Semi private room and board, general nursing and miscellaneous services and supplies:</p> <p>First 60 days 61st thru 90th day</p> <p><b>91st day and after:</b> While using 60 lifetime reserve days</p> <p><b>Once lifetime reserve days are used:</b> Additional 365 days</p> <p>Beyond additional 365 days</p>	<p>All but \$1,216 All but \$304 a day</p> <p>All but \$608 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$1,216 (Part A Deductible) \$304 a day</p> <p>\$608 a day</p> <p>100% of Medicare Eligible Expense</p> <p>\$0</p>	<p>\$0 \$0</p> <p>\$0</p> <p>\$0</p> <p>All costs</p>
<p><b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital:</p> <p>First 20 days 21st thru 100th day 101st day and after</p>	<p>All approved amounts All but \$152 a day \$0</p>	<p>\$0 Up to \$152 a day \$0</p>	<p>\$0 \$0 All costs</p>
<p><b>BLOOD</b> First 3 pints Additional amounts</p>	<p>\$0 100%</p>	<p>3 pints \$0</p>	<p>\$0 \$0</p>
<p><b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services.</p>	<p>All but very limited coinsurance for outpatient drugs and inpatient respite care.</p>	<p>\$0</p>	<p>Balance</p>

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

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**MEDICARE PART B - 2014**

Plan Deductible Options (Part B Out of Pocket Expenses)	\$0	\$100	\$500	\$1,000	\$1,500
<b>Plan Co-Payment Options:</b>	<b>Option 1 - No Copays</b> <b>Option 2 - \$10 Office Visit Copay &amp; \$50 Emergency Copay</b>				
<b>Services</b>	<b>Medicare Pays</b>	<b>Plan Pays</b>	<b>You Pay</b>		
<b>MEDICARE PART B DEDUCTIBLE 2014</b>			Chosen Annual Plan Deductible applies, then:		
First \$147 of Medicare Approved Amounts	\$0	Part B Deductible	Option 1 - No copays for office visits or ER		
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	Option 2 - \$10 Office visit copay and a \$50 Emergency Room visit copay. ER copay is waived if admitted.		
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%			
<b>BLOOD</b>					
First 3 pints	\$0	All Costs	\$0		
Remainder of Medicare Approved Amounts	80%	20%	Chosen Annual Plan Deductible		
<b>CLINICAL LABORATORY SERVICES</b>					
Blood tests for Diagnostic Services	100%	\$0	\$0		

**MEDICARE PARTS A & B**

<b>HOME HEALTH CARE</b>					
Medically necessary skilled care services (must be homebound) and medical supplies	100%	\$0	\$0		
<b>Durable Medical Equipment:</b>					
First \$147 each calendar year	\$0	Part B Deductible	Chosen Annual Plan Deductible		
Remainder of Medicare Approved Amounts	80%	20%			

**OTHER BENEFITS - NOT COVERED BY MEDICARE**

<b>FOREIGN TRAVEL</b>					
Medically necessary emergency care service during the first 60 days of each trip outside the USA:					
First \$250 of Medicare Approved Amounts	\$0	\$0	\$250		
Remainder of charges - Up to \$50,000 Lifetime Maximum benefit	\$0	80%	20%		



## HOW DOES THE PSHP PLAN DEDUCTIBLE WORK?

The Premier Senior Health Plan® (PSHP) program offers the employer the option to choose a premium saving plan deductible for participating members. This deductible applies to expenses covered but not paid by Medicare Part B.

When services are rendered by medical providers that participate in the Medicare program; plan benefits are paid once the chosen plan deductible is satisfied.

The example below illustrates how PSHP plan payments are made when a member incurs approved Medicare Part B expenses.

PSHP Annual Plan Deductible Chosen	\$500
The Medicare Part B Annual Deductible for 2014:	\$147

MEDICARE PART B CHARGES	MEDICARE APPROVED CHARGES	TOTAL PAID BY MEDICARE	TOTAL PAID BY PLAN	TOTAL PAID BY MEMBER
Medical Services #1	\$147.00	\$0.00	\$0.00	\$147.00
Medical Services #2	\$100.00	\$80.00	\$0.00	\$20.00
Medical Services #3	\$1,200.00	\$960.00	\$0.00	\$240.00
Medical Services #4	\$300.00	\$240.00	\$0.00	\$60.00
Medical Services #5	\$165.00	\$132.00	\$0.00	\$33.00
<b>Totals</b>	\$1,912.00	\$1,412.00	\$0.00	\$500.00
<b>All further Medicare Part B charges over the \$500 annual plan deductibles are paid as follows:</b>		<b>80%</b>	<b>20%</b>	<b>0%</b>

Medicare Part A Hospital deductibles and co-payments for covered expenses are paid in full by plan.

Chosen plan deductible does not need to be satisfied for these charges.





## GROUP Rx SOLUTIONS FOR SENIORS

All prescription drug options included in the program are Medicare Part D creditable and provide several special features that best meet the needs of both the employers and members.

### Features Include

- Multiple Plan Designs - Employer may choose an Rx plan that offers a variety of copay options and competitive prices
- Employer can offer an Rx plan that covers Generic plus Name Brand Drugs in the Coverage Gap as well as Generic only
- Part D Rx Drugs Covered - all eligible Medicare Part D drugs listed in the Medicare National Preferred Formulary
- Pharmacy Network - over 65,000 participating pharmacies nationwide
- Mail Order Service - 90 day supply of most medications available, typically with lower co-pays than those purchased at the pharmacy
- Employer can choose to provide this plan to members at any time during the year, subject to the Eligibility Guidelines
- Employer may make plan design changes effective January 1st of each year

**Please see enclosed benefit grid for plan detail and pricing.**





## Premier Senior Health Plan® (PSHP) and Rx Part D Eligibility Guidelines and Enrollment Process

- Eligible groups include the following: Corporations (C or S); Proprietorships; Partnerships; Unions; Government entities (schools, municipalities, etc.); Non-profit organizations; All entities must have a Federal Tax ID Number.
- Sponsoring Entity will need to complete:
  - (1) Employer Participation Agreement
  - (2) United American Insurance Company Application
  - (3) New Group Information Form
  - (4) Companion Life application for supplemental Prescription Drug Expense Insurance
- Groups enrolling members for PSHP Medical only will need to submit the above forms along with a PSHP Member Information form 30 days prior to the 1st of the month requested effective date. PSHP Medical only may be sold to groups with as few as one (1) enrollee.
- Groups enrolling members for the Part D Prescription plan in conjunction with PSHP Medical will need to complete the forms listed above. However all enrollment material must be submitted at least 45 days prior to the 1st of the month requested effective date. PSHP Medical plans that are sold in conjunction with the Part D Prescription program must have at least two (2) enrollees.
- PSHP is available to Groups and Members in all 50 States. Some restrictions apply to members living in Florida and New York.
- Prior coverage should not be terminated until written approval is provided to Group.
- Eligible members include:
  - 1) Retirees age 65 and older enrolled in Medicare Parts A and B.
  - 2) Current and surviving spouses or domestic partners at least age 65 and enrolled in Medicare Parts A and B.
  - 3) Retirees not eligible for Employer sponsored group medical plan.
  - 4) Retirees not confined to a Hospital or Skilled Nursing Home on the effective date of coverage. Coverage will be delayed until the first of the month following release from such facility.
- Eligible members may enroll in PSHP:
  - 1) At plan inception
  - 2) Within 30 days of retirement
  - 3) Upon aging-in to Medicare
- Monthly PSHP premium will be based on the age of each enrolling member and will remain the same until renewal. PSHP will renew January 1st of each year, at which time all age band and trend rate changes will take effect.

